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**SEP 22 2003**

**Date:** September 19, 2003

**To:** Examiner Shahid Al Alam, Group Art Unit 2172

**Organization:** U.S. Patent Office

**Fax Number:** (703) 746-7239

**Phone Number:** (703) 305-2358

**From:** Joseph A. Sawyer, Jr.

**Re:** In response to the Office Action dated June 19, 2003 following are:

- a Transmittal Form (1 pg)
- an Amendment (31 pgs)

This is page 1 of 33 pages. (including this cover sheet)

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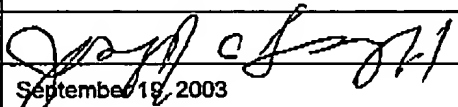
## TRANSMITTAL FORM

Attorney Docket No.  
CA919990047US1/1796PIn re the application: **Matthew A. HURAS, et al.**Confirmation No. **7317**Serial No: **09/774,202**Group Art Unit: **2172**Filed: **January 29, 2001**Examiner: **Alam, Shahid Al****OFFICIAL**For: **Online Database Table Reorganization****RECEIVED  
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ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	59	59	0	\$18.00	\$ 0.00
Independent Claims	9	9	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 19, 2003
CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being faxed to: Examiner Shahid Al Alam at (703) 746-7239 at the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 19, 2003.	
Type or printed name	Grace Alicea
Signature	